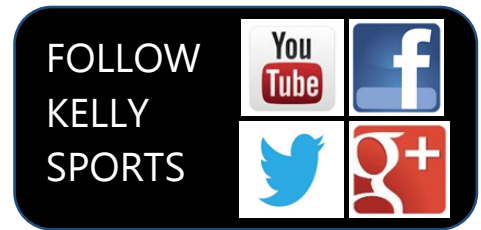




P.O. Box 8129 Tarneit, 3029  
M: 0432 522 829  
E: [shane@kellysports.com.au](mailto:shane@kellysports.com.au)



# ST THOMAS MORES

## GAME ON!

This program is new to Kelly Sports in 2019! **Game On** is all about getting active and moving through general game play. Young children will develop basic motor skills by playing a variety of invasion, evasion, catching, target and striking games while having a blast with their friends.

**WHEN: Mondays**      **DATES: 4th Feb - 1st April**      **TIME: 3.20pm - 4.35pm**  
**YEAR LEVELS: Prep - 1 (suggested only)**      **COST: \$120 (8 weeks)**

## SIZZLING SUMMER SPORTS

Kelly Sports is back for 2019 with our **Sizzling Summer Sports** program includes Soccer, Cricket & Basketball! Learn new skills, build awareness, co-ordination and make new friends all in an enjoyable and friendly environment!

**WHEN: Mondays**      **DATES: 4th Feb - 1st April**      **TIME: 3.20pm - 4.35pm**  
**YEAR LEVELS: 2 - 4 (suggested only)**      **COST: \$120 (8 weeks)**

**EARLY BIRD SPECIAL OF \$112 IF ENROLLED & PAID BEFORE  
MONDAY 4th FEBRUARY**



**HOW TO BOOK**  
You can enrol at [www.kellysports.com.au](http://www.kellysports.com.au) or alternatively you can scan and email this completed form to [shane@kellysports.com.au](mailto:shane@kellysports.com.au) or post to PO Box 8129, Tarneit, 3029

## ENROLMENT FORM

Program Name: \_\_\_\_\_ Day: \_\_\_\_\_  
Child/s Name: \_\_\_\_\_ Year Level: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone (Mobile/Work/Home): \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_

At the completion of after school clinics, does your child? (Please Circle)    **Go to after care**      **Get collected**

**Parents' consent:** I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Credit card payment:      £ **Visa**      £ **MasterCard**

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ CCV: \_\_\_\_\_

**Please note that credit card payments attract a processing fee**